

§ 440.375

with Federal upper payment limits, procurement requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

§ 440.375 Comparability.

States have the option to amend their State plan to provide benchmark or benchmark-equivalent coverage to individuals without regard to comparability.

§ 440.380 Statewideness.

States have the option to amend their State plan to provide benchmark or benchmark-equivalent coverage to individuals without regard to statewideness.

§ 440.385 Delivery of benchmark and benchmark-equivalent coverage through managed care entities.

In implementing benchmark or benchmark-equivalent benefit packages, States must comply with the managed care provisions at section 1932 of the Act and part 438 of this chapter, if benchmark and benchmark-equivalent benefits are provided through a managed care entity.

§ 440.390 Assurance of transportation.

If a benchmark or benchmark-equivalent plan does not include transportation to and from medically necessary covered Medicaid services, the State must nevertheless assure that emergency and non-emergency transportation is covered for beneficiaries enrolled in the benchmark or benchmark-equivalent plan, as required under § 431.53 of this chapter.

PART 441—SERVICES: REQUIREMENTS AND LIMITS APPLICABLE TO SPECIFIC SERVICES

Sec.

441.1 Purpose.

Subpart A—General Provisions

441.10 Basis.

441.11 Continuation of FFP for institutional services.

441.12 Inpatient hospital tests.

42 CFR Ch. IV (10–1–12 Edition)

441.13 Prohibitions on FFP: Institutionalized individuals.

441.15 Home health services.

441.16 Home health agency requirements for surety bonds; Prohibition on FFP.

441.17 Laboratory services.

441.18 Case management services.

441.20 Family planning services.

441.21 Nurse-midwife services.

441.22 Nurse practitioner services.

441.25 Prohibition on FFP for certain prescribed drugs.

441.30 Optometric services.

441.35 Organ transplants.

441.40 End-stage renal disease.

Subpart B—Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under Age 21

441.50 Basis and purpose.

441.55 State plan requirements.

441.56 Required activities.

441.57 Discretionary services.

441.58 Periodicity schedule.

441.59 Treatment of requests for EPSDT screening services.

441.60 Continuing care.

441.61 Utilization of providers and coordination with related programs.

441.62 Transportation and scheduling assistance.

Subpart C—Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases

441.100 Basis and purpose.

441.101 State plan requirements.

441.102 Plan of care for institutionalized beneficiaries.

441.103 Alternate plans of care.

441.105 Methods of administration.

441.106 Comprehensive mental health program.

Subpart D—Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs

441.150 Basis and purpose.

441.151 General requirements.

441.152 Certification of need for services.

441.153 Team certifying need for services.

441.154 Active treatment.

441.155 Individual plan of care.

441.156 Team developing individual plan of care.

441.180 Maintenance of effort: General rule.

441.181 Maintenance of effort: Explanation of terms and requirements.

441.182 Maintenance of effort: Computation.

Subpart E—Abortions

441.200 Basis and purpose.

441.201 Definition.